

NAME: Aged and Disabled Waiver Program Plan of Care (POC) (Policy Section 501.9)

PURPOSE: To develop a POC for Initial member service, at six months and annually detailing how Personal Assistance/Homemaker (PA/HM) services will be used to meet the direct care needs of the member. The POC is developed by using the Member Assessment, (Section I and Section II) the PAS, the Service Plan and based on the members identified needs and preferences. A copy of the POC must be provided to the member (or legal representative) and the Case Management agency. The PA/HM agency will maintain the original document in the member's file.

1. The PA/HM RN will;

- Enter members Last, First, and Middle name.
- Members Date of Birth.
- Current service level (A, B, C, or D) and range of hours. (*Example: Service Level B checked the range would be 63-93 hours per policy section 501.5.1.1(b)*)
- The PA/HM RN must sign and date the POC on the front page on the day the POC was developed. (*This signature and date will not change until the POC changes*)
- Plan period including the month and the year. (*Example: 5/2012-10/2012 or May 2012-Oct 2012*) The POC will be valid until the end of the sixth month.
- Enter the day of week services are to be provided. (*See example below*)
- The time the PA/HM is to arrive. (*See example below*)
- The time the PA/HM is to leave. (*See example below*)
- The total amount of service hours per day. (*See example below*)

EXAMPLE:

Date: circle correct day (Any change in schedule must be pre-approved and documented on back.)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Day of week: M/W/F or M through F.																
Time Arrived: 8 a.m.																
Time left: 12 p.m.																
Total hours: 4																

- Enter the Description of Services down the left side of the page. The services provided are based on the members identified needs and preferences as documented on the Member Assessment, the Service Plan and face-to-face meeting with the member. (**MUST BE SPECIFIC WHEN USING PRN OR AS NEEDED :example vacuum Monday and as needed**)

- Enter transportation limitations and any special directions. (*Example: use transfer board*).
 - Enter what essential Errands are planned.
 - Enter what Community Activities are planned not to exceed 30 hours per month. (*Example: Bingo/every Thur. 1-2*)
 - Enter any Specialized Treatments to be provided by the PA/HM. (*Example; Range of motion if complete order provided by MD*)
2. Once the POC is developed and signed/dated by the PA/HM RN a copy is provided to the PA/HM to use to provide services as planned. Any change in schedule must be pre-approved and documented in the Comments section at the bottom of page 2.
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3. The PA/HM will:

- Enter the Month and Year the service is provided in the top right corner prior to PA/HM providing service. This date signifies **the month and year the service was provided**.
- Document services provided by:
 - Circling the day (1-31) of the month services are provided. (*Example if services are provided May 12th, 2012, the PA/HM would circle the number 12 at the top of page 1*).
 - Document the day of the week in the box under the day of the month circled.
 - Document the time he/she arrived at the member's home.
 - Initial in each block out from the service to signify the service was provided that day.
 - Document the time he/she left the member's home.
 - Document the total hours spent providing services.
 - When it is time to leave the members home request the member (or legal representative if member unable to sign) to initial in the block under total hours (on the first page) to verify that services were provided.
 - Document any change in the plan (***must be pre-approved***) in the comments section at the bottom of the second page.
 - Document any transportation provided for Essential Errands ***and/or*** Community Activities in the travel section of the POC on the second page.
 1. Note date;
 2. Total miles driven;
 3. Total travel time (*total driving time*);
 4. Destination/Purpose of Travel;
 5. Essential Errands Time Spent;
 6. Community Activities Time Spent (*not to exceed 30 hours per month*);
 7. Was member with you? Note yes or no;
 8. The member must initial to verify documentation of travel correct; *Example:*

Date	Total Miles	Total Travel Time	Destination/ Purpose of Travel	Essential Errands Time Spent	Community Activities Time Spent	Was member with you? Yes/No	Member Initials
5/6/2012	15 miles	20 <i>min</i>	Food Land/ Groceries	45 <i>minutes</i>	N/A	No	<i>BW</i>
5/11/2012	5 miles	10 <i>min</i>	Community Center/ Dance	N/A	60 <i>minutes</i>	Yes	<i>BW</i>
5/20/2012	13 miles	10 <i>min</i>	Pharmacy, Community Center/ Medication and bingo	20 <i>minutes</i>	60 <i>minutes</i>	Yes	<i>BW</i>

4. Once the PA/HM is finished using the form and the form is complete:
 - The Member must sign and date (or Legal Representative if the member is unable to sign);
 - Print their name in the Printed Name section; and
 - Sign and date the document certifying that the reported information is complete and accurate.

5. The Comment Section is for any documentation by PA/RN or PA/HM to explain any variance from POC. Example; Extra hour of service provided on 7/15 due to extended MD visit or a change in day due to member request because her daughter is visiting and will provide support. (Do Not document PA/HM related issues such as the "PA/HM called in sick")

6. Once the PA/HM submits the completed POC the PA/HM RN must review to ensure that all services were provided as directed and document the review by:
 - Document date;
 - Begin time;
 - R.N. to print name;
 - R.N. must sign and note any comments;
 - Enter end time;
 - Enter total time for review of document.